

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10977</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Jon Scott Covington</u> P.O. Box, Bldg., Room No., if any Street <u>3531 Bridge</u> City <u>Trenton</u> State <u>Mich</u> ZIP Code + 4 <u>48183</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS' INTERNATIONAL UNION of</u> <u>NORTH AMERICAN LOCAL 1334</u> Labor Organization File Number <u>007294</u> P.O. Box, Building and Room Number, if any Street <u>2727 2<sup>ND</sup> AVE Suite 323</u> City <u>Detroit</u> State <u>Mich</u> ZIP Code + 4 <u>48201</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: <u>NONE</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed J. Scott Covington

On 8-15-05 313/964-7481  
Date Telephone Number

Name of Person Filing 3. SCOTT COVINGTON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MICHIGAN LABORERS AND EMPLOYERS COOPERATION AND EDUCATION TRUST FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing. A TRUSTEE OF

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPES A WORK FORCE, ADVANCES SHARED MARKET-RELATED ISSUES. ALL TRANSPORTATION EXPENSES WERE RETURNED TO LOCAL UNION.

11.b. Approximate dollar value of such dealing.

\$297.89

12.a. Nature of interest held or income received.

ALL REIMBURSEMENTS ARE FOR EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS TRUSTEE.

12.b. Amount.

\$297.89

~~C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.~~

~~13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).~~

~~Name \_\_\_\_\_~~

~~Trade Name, if any: \_\_\_\_\_~~

~~P.O. Box, Bldg., Room No., if any \_\_\_\_\_~~

~~Street \_\_\_\_\_~~

~~City \_\_\_\_\_~~

~~State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_~~

~~14.a. Nature of payment.~~

~~\_\_\_\_\_~~

~~13.b. Is the Business an Employer ☐ or Consultant ☐ ?~~

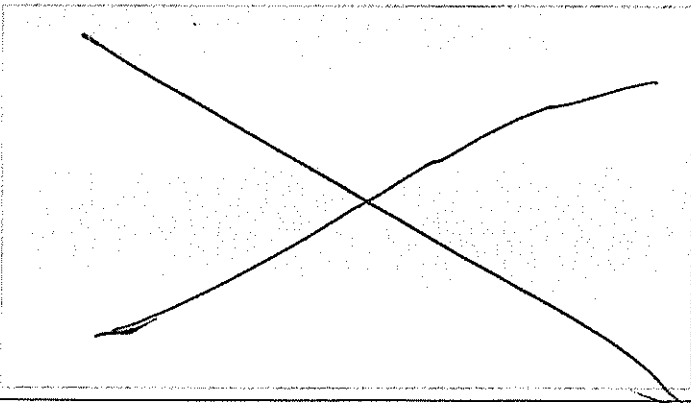
~~14.b. Amount of payment.~~

~~\_\_\_\_\_~~

Name of Person Filing <u>J. SCOTT COVINGTON</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MICHIGAN LABORERS TRAINING &amp; APPRENTICESHIP FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>6525 CENTURION DR.</u></p> <p>City <u>LANSING</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48917-9275</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUSTEE OF TRAINING &amp; APPRENTICESHIP FUND, RECEIVED REIMBURSEMENT FOR MEETING/CONFERENCE EXPENSES. ALL TRANSPORTATION EXPENSES WERE RETURNED TO MY LOCAL AS I WAS DRIVING A UNION VEHICLE.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$401.03</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>ALL REIMBURSEMENTS ARE FOR EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS TRUSTEE.</u></p> <p>12.b. Amount. <u>\$401.03</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Tom Scott Covington</u>		File Number U-
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>		
<b>8. Name and address of Business (including trade name, if any).</b> Name <u>POURED CONCRETE WALL ASSOCIATION</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>600 S. ADAMS RD. STE 300</u> City <u>BIRMINGHAM</u> State <u>MI</u> ZIP Code + 4 <u>48009</u>		<b>9. Business deals with:</b> <input checked="" type="radio"/> a. Labor Organization <input type="radio"/> b. Trust <input type="radio"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		<b>11.a. Nature of such dealing.</b> <u>ASSOCIATION MADE UP OF CONTRACTORS &amp; LABORERS TO DEAL WITH POURED CONCRETE WALL ISSUES.</u> <b>11.b. Approximate dollar value of such dealing.</b> <b>12.a. Nature of interest held or income received.</b> <u>6-21-04 PARTICIPATED IN A GOLF OUTTING IN WHICH THE PCWA PAID FOR THE TICKET TO ATTEND</u> <b>12.b. Amount.</b> <u>\$150.00</u>
<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>		
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Trade Name, if any: <u>NONE</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer or Consultant ?</b>		<b>14.b. Amount of payment.</b>

## MICHIGAN LABORERS' TRAINING AND APPRENTICESHIP FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

SCOTT COVINGTON

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/18/2004	Spartan Travel	\$191.02	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
5/24/2004	Scott Covington	\$108.88	5/23 & 5/24/04 Jt BOT Meeting - Trans
8/16/2004	Scott Covington	\$35.63	8/16/04 BOT Mtg - Transportation
10/21/2004	Scott Covington	\$67.50	10/21/04 BOT Mtg - Transportation
		<b>TOTAL \$401.03</b>	

## MICHIGAN LABORERS' AND EMPLOYERS COOPERATION AND EDUCATION TRUST FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

SCOTT COVINGTON

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/18/2004	Spartan Travel	\$191.02	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
5/24/2004	Scott Covington	\$106.87	5/23 - 5/25/04 Jt BOT Mtg - Transporta
		<b>TOTAL \$297.89</b>	

August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for J. Scott Covington Labor Organization File No. U-007-294

Dear Sir or Madam,

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 20004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advise, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Scott Covington", written in dark ink.